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Critical things to know about your cholesterol

- Story Highlights
- Keep "good" HDL cholesterol, above 60 and "bad," LDL cholesterol below 100
- LDL cholesterol creates artery-clogging plaque
- HDL cholesterol helps scrub plaque away
- Longer exercise periods may burn more belly fat than short, intense bursts

By Jessica Snyder Sachs

How's your cholesterol? Here's a guess: If you're healthy, you probably have no idea. New surveys show women tend to be clueless about their risks of heart disease, especially when it comes to managing their cholesterol.

But this kind of ignorance is anything but bliss. The reason: The artery clogging that makes heart disease the Number One killer of women late in life begins much earlier -- in your 20s, 30s, and 40s -- and that's when your cholesterol numbers may be sounding alarms. So, are you ready to start paying attention? Here, the things all women need to know now.

1. High cholesterol is surprisingly common.

Researchers with the Framingham Heart Study recently delivered a nasty surprise: Nearly a quarter of women in the study who are in their early 30s have borderline-high levels of bad cholesterol, as do more than a third in their early 40s and more than half in their early 50s. A third of women in all three age groups have low levels of good cholesterol.

Bad cholesterol, also known as low-density lipoprotein, or LDL, contributes to heart disease by laying down artery-clogging plaque; good cholesterol, or high-density lipoprotein (HDL), helps clear it away. "The double whammy of high LDL and low HDL is particularly dangerous," says Framingham researcher Vasani Ramachandran, M.D., of the Boston University School of Medicine. [Health.com: Keep your heart healthy](#)

2. Your doctor may miss the problem.

Though women are better than men about seeing a doctor regularly, the care they receive isn't as good when it comes to preventing and treating cardiovascular disease, according to new studies. "Perhaps doctors still haven't gotten the message that women need to control [cholesterol](#)," says Chloe Bird, Ph.D., author of one of these studies and a senior sociologist at the nonprofit RAND Corporation. Bird found that doctors are less likely to monitor and control cholesterol in women than in men, even when the women are at super-high risk of heart attack.

Part of the problem, she says, may be that many women see only a gynecologist. This isn't to say that OB-GYNs can't be good primary care doctors, but you have to make sure the doc is willing to monitor your heart health, especially if you already have diabetes or a heart issue. That means she should order cholesterol checks as part of your regular blood work and discuss the results with you. What does "regular" mean?

3. Your numbers may trick you.

Many people misunderstand the roles of so-called good and bad cholesterol, according to cardiologist and lipidologist Pamela Morris, M.D., of the Medical University of South Carolina in Charleston. "What we've learned is that HDL and LDL are independent predictors of a woman's heart attack risk," she explains. "We see women with high HDLs having heart attacks when their LDL is also high, and we also see heart attacks in women with very low LDL but also low HDL."

What that means to you: It's important to keep track of both. A woman wants to keep her HDL above 60 (the level at which HDL helps prevent disease) and her LDL below 100. If your HDL drops below 50 or LDL rises above 160, you need to take immediate action. That may include an LDL-lowering drug such as a statin, and it definitely includes a commitment to a heart-healthy diet and lifestyle.

4. You may need an "inflammation" test.

The math used to estimate your heart disease risk is a little misleading. If your LDL rises above the danger line of 160 or your HDL drops

below 50, the math says you have an elevated risk of a heart attack within 10 years. But that warning may actually underestimate your risks beyond 10 years, Morris says. So when she has a female patient with cholesterol numbers in the intermediate range -- LDL above 130 or HDL under 60 -- she often takes a close look at the woman's whole-body inflammation level.

You can't see this kind of inflammation, but it's actually an independent measure of heart attack risk. You measure it by adding a test for high-sensitivity C-reactive protein (hs-CRP) to the usual cholesterol blood work. CRP, essentially a body chemical, usually rises anytime your body becomes inflamed. And since artery clogging is associated with inflammation, high CRP is viewed as a marker for clogged arteries. That means your C-reactive protein levels may help you and your doctor decide how aggressively you need to control borderline-high-cholesterol levels with drugs, diet, and exercise. [Health.com: Could painkillers be hurting your heart?](#)

5. These foods are your best friends.

Certain classes of food chemicals can actively and powerfully lower a person's bad cholesterol. Two -- soluble fiber and phytosterols -- have so much science behind them that they've become part of standard medical prescriptions for treating high cholesterol. But dietitian Janet Brill, Ph.D., R.D., author of "Cholesterol Down," also recommends regularly eating almonds, ground flaxseed, apples, soy protein, and olive oil. Preliminary research suggests they all have cholesterol-lowering powers. "Each one works in a slightly different way," Brill says. "So together, you get a synergy that can dramatically lower cholesterol."

Almonds and olive oil are high in monounsaturated fats, which are thought to blend with LDL molecules in a way that speeds LDL's clearance from the blood by the liver. Flax is high in both soluble fiber, which lowers LDL by absorbing cholesterol from both food and bile inside the intestines, and omega-3 fatty acids, which studies show have anti-inflammatory effects. Other foods especially high in soluble fiber include oat bran, oatmeal, and apples. (Soluble fiber is different from insoluble fiber, the kind found in whole-grain bread and bran cereal. That's good for you, too, but it won't affect your cholesterol.) Soy may mimic natural estrogens in their LDL-clearing effects. Phytosterols are the plant version of animal sterols (a.k.a. cholesterol) and lower LDL by competing with it for absorption into the body. They're found in supplements or phytosterol-enhanced margarine such as Benecol.

You don't need any of these foods if your LDL is low, but experts still recommend them for everyone. What about steak, eggs, and cheese? They sure won't help your cholesterol, because they all contain a lot of it. But it's more important to focus on foods that lower your numbers rather than simply avoiding the bad stuff, experts say. [Health.com: Don't worry so much about scary diseases](#)

6. Good cholesterol may have a bad side.

The higher your HDL, the better, right? That's been the current thinking, due to HDL's protective effect. But here's a surprise you may have read about in some news reports: Studies are showing that HDL may actually have harmful proteins capable of boosting heart disease risks. A test to determine whether your HDL has the harmful proteins may be available in a few years. In the meantime, if your HDL is lower than 60, it's still OK to raise it a little as long as you don't go overboard. How? Try getting a lot of omega-3s from fish or fish oil, exercising regularly, controlling your weight, and avoiding smoking.

7. Your heart loves long walks.

Walking 10 miles a week brings lasting improvements in your heart health, according to researchers at Duke University Medical Center. The funny thing is, if you jog those 10 miles, you won't get quite as much benefit. "Duration appears to be key," says Duke's Cris Slentz, Ph.D., an exercise physiologist. "Jogging or walking 10 miles both burned around 1,200 calories, but in our studies, one took about two hours and the other, three."

Longer stints of exercise, even moderate exercise, may burn more belly fat -- the little rolls of skin near your navel and the fat deep inside your abdomen. The latter is linked to metabolic syndrome, a condition associated with a host of cardiovascular risk factors including low HDL, high blood pressure, and high triglycerides (a kind of blood fat that contributes to heart disease).

Should you aim for weight loss as well as long walks? If you're overweight, absolutely. But understand that shedding a few pounds will make only a small dent in your cholesterol. Canadian researchers recently found that overweight women who lost about 25 pounds -- no easy task -- saw their LDL drop about 10 percent and their HDL rise by the same amount.

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